

WASTE SLIP SHEET AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	hy		10/25/94
O.I.P.E. CLASSIFIER			1.2.99
FORMALITY REVIEW	et	601139	

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	10/25/94
1	✓
2	✓
3	✓
4	0
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6	0
7	0
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
 state additional sheet here